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Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818)			Application Number	er 1/612,63	1/612,631		
FEE TRANSMITTAL			Filing Date	July 2, 20	July 2, 2003		
For	FY 20	80(	First Named Inven	tor Charles C	C. Hart		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Yabut, Di	Yabut, Diane D.		
			Art Unit	3734			
TOTAL AMOUNT OF PAYM	IENT (\$)	\$0.00	Attorney Docket N	o. A-2202-A	ıL.		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
✓ Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: Applied Medical Resources							
For the above-identified deposit account the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization of	n PTO-2038.						
FEE CALCULATION							
1. BASIC FILING, SEAR	CH, AND E FILING F			EXAMINATION	N FEES		
Application Type	Si	mall Entity	Small Entity	Small	Entity	Fees Paid (\$)	
Utility	<u>Fee (\$)</u> 310	Fee (\$) Fee 155 510		Fee (\$) Fee 210 10	. 741	rees raid (4)	
Design	210	105 100			5 — 5 —		
Plant	210	105 310			io _		
Reissue	310	155 510		620 31	-	<del></del>	
Provisional	210	105			0		
2. EXCESS CLAIM FEE		105	, 0	v	_	II Entity	
Fee Description					ee (\$) <u>Fe</u>	ee (\$)	
Each claim over 20 (including Reissues)					50 210	25 105	
Each independent claim over 3 (including Reissues)						185	
Multiple dependent claims <u>Total Claims</u> 22 <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> !					ultiple Depend		
20 20 or HP =	()	x 50 = _	<u>ee ; aiu (\$)</u>	_		Fee Paid (\$)	
HP = highest number of total				-	33 141		
	Extra Claim		ee Paid (\$)				
2 - 3 or HP = _	0	x210 =	0				
HP = highest number of independent claims paid for if greater than 3 3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1 52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing	, surcharge)	):					
SUBMITTED BY		······································					
Signature Registration No (Attorney/Agent) 53,257					Telephone <sub>94</sub>	9-713-8233	
Jame (Print/Tyne) David G	Maidali				Date Novemb	per <b>2</b> 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden is should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450. Alexandria, VA 22313-1450.

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